

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo. (No. St. Joseph Hospital)

6250
 File No. 527
 Registered No. 527
 St. Ward

2. FULL NAME Hugh Gilbert Flagg

(a) Residence, No. 920 Forest St., Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Marie Flagg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Terminal
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Antwerp, Ohio
 (STATE OR COUNTRY)

13. NAME David R. Flagg

14. BIRTHPLACE (CITY OR TOWN) Marietta, Ohio
 (STATE OR COUNTRY)

15. MAIDEN NAME Annie Eliza Flagg

16. BIRTHPLACE (CITY OR TOWN) Marietta, Ohio
 (STATE OR COUNTRY)

17. INFORMANT Chauncey Flagg
 (ADDRESS) 537 Myrtle, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Moriah Cem DATE Feb. 4-37

19. UNDERTAKER C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 2/4 19 37 M. M. Grouse
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2-37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937, to Feb 2, 1937

I last saw him alive on Feb 1, 1937 Death is said

to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset 1/26/37

Carcinoma Cecum

IV

Other contributory causes of importance: Carcinoma Cecum 1936

Name of operation Colostomy Date of Feb 2

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) W. E. Williams M. D.

(Address) 925 Angell

EXACTLY. PHYSICIANS should state
 CAUSE OF DEATH in plain te

N. B.—Every item of informat.
 CAUSE OF DEATH in plain te

